APPELLATE DEFENDER OFFICE

301 SOUTH PARK, ROOM 568
P.O. BOX 200145
HELENA, MT 59620-0145
(406) 841-2001
(406) 841-2003 (fax)

APPELLATE PROCEDURE FOR CONTRACT AND CONFLICT ATTORNEYS

Jim Wheelis
Joslyn Hunt
Shannon McDonald
Lisa Korchinski
David Avery
Roberta Zenker

Sarah Braden Katrina Sherman Jory Allen Chief Appellate Defender
Assistant Appellate Defender

Office Manager/Paralegal Paralegal Legal Secretary

Please follow this procedure to appeal to the Montana Supreme Court.

Upon final written judgment by the district court, contact the Appellate Defender Office (ADO) at 406-841-2001 and advise that you wish to proceed with an appeal. You may speak with Jim Wheelis, Chief Appellate Defender or Sarah Braden, Office Manager/Paralegal. The ADO has the right to assume any appeal case which a contract or conflict attorney handled at the District Court level.

The Office Manager in your Regional Public Defender's Office is responsible for transmitting all appellate paperwork to the ADO. This means that the Office Manager will request the transcripts necessary for the appeal for you, and will provide the ADO with the necessary information for them to decide whether you will keep the appeal case or it will be transferred to the ADO. If your case is assumed by the ADO you will need to provide the Office Manager with your case file in a timely manner, so it may be delivered to the ADO.

Once the ADO decides whether they will assume the case or that the contract or conflict counsel will keep the case, the following paperwork needs to be filled out simultaneously:

• Attorney Request for Transcripts (Attachment A). It is imperative that you fill this form out immediately and give it to the Regional Office Manager <u>before</u> filing the Notice of Appeal. It is important that your fill out the form in its entirety.

Pursuant to the Rules of Appellate Procedure, the transcript request must be made within ten (10) days from the filing of the Notice of Appeal.

Notice of Appeal

The Regional Office Manager will notify you when the transcript request is ready to be submitted. The Notice of Appeal can then be filed. The Regional Office Manager will order the requested transcripts, and include the appropriate claim form (Attachment C). The client's case file will then be transferred to the ADO if they are assuming the case, or you will keep the case file.

If you proceed with the appeal, your monthly billing is to be sent to the Appellate Defender Office, Attn: Sarah Braden at 301 S. Park, Room 568, P.O. Box 200145, Helena, MT 59620-0145. Once a case is appealed it is given a new OPD number. *This number can only be assigned by Sarah Braden at the ADO*. You will need to contact Ms. Braden in order to receive the appropriate OPD number for billing purposes. You must submit all of your bills on the appropriate claim form (Attachment B) provided with this packet.

If you have any questions regarding this procedure please contact either Jim Wheelis, Chief Appellate Defender or Sarah Braden, Office Manager/Paralegal.

ATTACHMENT A

State of Montana Office of the State Public Defender APPELLATE DEFENDER OFFICE

TRANSCRIPT REQUEST FORM Supreme Court Appeals Only

Attorney Requesting Transcripts:
Appellant's Name:
Address/Correctional Facility:
Phone (if any):
ssue(s) on appeal:
Transcripts needed:

** If the Appellate Defenders Office is assuming this case, please include a copy of the Notice of Appeal, the Judgment and Sentence, and any other documents that you deem relevant to the appeal with this form or the entire client file. **

ATTACHMENT B

OFFICE OF THE STATE PUBLIC DEFENDER Contract Attorney Summary Claim Form APPELLATE CASES

APPELLATE CASES									
Name of Claimant			Vendor ID #						
OPD client number and do pre-approval notice for any summary forms must be pron a travel expense vouch to be listed as the last line	tach an itemized invoice to the cument dates, time spent, rate pre-approved costs. OPD crepared for non-appellate case form by case number and item on the form. Claimant nevere incurred. Submit this class.	ate of pay, ar lient number ses. All trave attached to nust submit a	nd a description s are assigned l expenses rep this claim form a monthly clain	n of the activity. I by the Appellat ported on this cla . Monthly office n by the 10th of	Attach a copy of the se Office. Separate aim are to be detailed expense stipends are the month following				
Month/Year			-						
Client Name	Assigned OPD Client #	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs				
Choire Hamo	Accigned of B chemen	Workou		Travel)	1 000 th 00010				
TOTALS									
The undersigned Counsel c	ertifies that the cases listed, o	expenses cla	imed and the ti	mes reported are	e true and accurate.				
Attorney's Signature/Date of Subr	-	Appellate Defender's Approval/Date Approved							
Signature	es above certify that all cos	sts in excess	s of \$200 have	e been pre-app	roved.				

ATTACHMENT C

STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER Miscellaneous Claim for Services APPELLATE CASES

	Ai	PELLATE G	ASES		
Name of Claima	ant		Vendor ID #		
Services Provi	ded:				
	Investigator Expert Witness Transcripts/Depositions Other (Please Specify)		Research Mediator		
client number a approval notice summary forms appropriate forr case number ar following the me	attach an itemized invoice to the nd document dates, time spenfor any pre-approved costs. O must be prepared for non-appen. All travel expenses reported attached to this claim form. Onth in which costs were incurrate, Helena MT 59620-0145. Plant documents of the second strategy of the second strategy of the second s	t, rate of pay, and a d PD client numbers ar cellate cases. The atto on this claim are to b Claimant must subm red. Submit this clain	escription of the a e assigned by the prney requesting y be detailed on a tra it a monthly claim in to the Office of	activity. Attach a composite Appellate Office four services can avel expense vouby the 10th of the Appellate E	copy of the pre Separate direct you to the other form by e month
Client Name	Assigned OPD Client #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS					
TOTALS The undersigned	d claimant certifies that the case	es listed, expenses cla	imed and the time	s reported are tru	e and accurate.
The undersigned	d claimant certifies that the case	es listed, expenses cla		s reported are tru	